



Complete Summary

GUIDELINE TITLE

Specific management of IgA nephropathy: role of fish oil.

BIBLIOGRAPHIC SOURCE(S)

Thomas M. Specific management of IgA nephropathy: role of fish oil. Nephrology 2006 Apr;11(S1):S137-40.

Thomas M. Specific management of IgA nephropathy: role of fish oil. Westmead NSW (Australia): CARI - Caring for Australasians with Renal Impairment; 2005 Sep. 8 p. [10 references]

GUIDELINE STATUS

This is the current release of the guideline.

COMPLETE SUMMARY CONTENT

SCOPE
METHODOLOGY - including Rating Scheme and Cost Analysis
RECOMMENDATIONS
EVIDENCE SUPPORTING THE RECOMMENDATIONS
BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS
IMPLEMENTATION OF THE GUIDELINE
INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT
CATEGORIES
IDENTIFYING INFORMATION AND AVAILABILITY
DISCLAIMER

SCOPE

DISEASE/CONDITION(S)

- Immunoglobulin A (IgA) nephropathy
- Renal impairment
- Chronic kidney disease
- End-stage kidney disease

GUIDELINE CATEGORY

Management
Treatment

CLINICAL SPECIALTY

Family Practice
Internal Medicine
Nephrology

INTENDED USERS

Physicians

GUIDELINE OBJECTIVE(S)

To evaluate the available clinical evidence pertaining to the impact of fish oil supplementation on renal functional decline in immunoglobulin A (IgA) nephropathy

TARGET POPULATION

Adults with immunoglobulin A (IgA) nephropathy

INTERVENTIONS AND PRACTICES CONSIDERED

Fish oil supplementation

MAJOR OUTCOMES CONSIDERED

Renal function decline

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Databases searched: MeSH terms and text words for IgA nephropathy were combined with MeSH terms and text words for fish oil. The search was carried out in Medline (1966 to September Week 2, 2004). The Cochrane Renal Group Trials Register was also searched for trials not indexed in Medline.

Date of searches: 17 September 2004.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Levels of Evidence

Level I: Evidence obtained from a systematic review of all relevant randomized controlled trials (RCTs)

Level II: Evidence obtained from at least one properly designed RCT

Level III: Evidence obtained from well-designed pseudo-randomized controlled trials (alternate allocation or some other method); comparative studies with concurrent controls and allocation not randomized, cohort studies, case-control studies, interrupted time series with a control group; comparative studies with historical control, two or more single arm studies, interrupted time series without a parallel control group

Level IV: Evidence obtained from case series, either post-test or pretest/post-test

METHODS USED TO ANALYZE THE EVIDENCE

Review of Published Meta-Analyses
Systematic Review with Evidence Tables

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Comparison with Guidelines from Other Groups
Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Recommendations of Others. Recommendations regarding the role of fish oil in the management of IgA nephropathy from the following groups were discussed: Kidney Disease Outcomes Quality Initiative, UK Renal Association, Canadian Society of Nephrology, European Best Practice Guidelines, and International Guidelines.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Definitions for the levels of evidence (I–IV) can be found at the end of the "Major Recommendations" field.

Guidelines

Early and prolonged treatment with fish oil may retard the rate of decline in renal function in adults with progressive immunoglobulin A (IgA) nephropathy. (Level I evidence, conflicting)

Suggestions for Clinical Care

(Suggestions are based on Level III and IV evidence)

- There is currently insufficient data to confirm the efficacy of fish oil supplementation in adults with IgA nephropathy.
- However, in patients at risk for progressive renal impairment, some patients will wish to consider fish oil supplements in addition to other relevant supportive strategies. Although the risk of side-effects is low, possible marginal benefits should be weighted against the costs of compliance.
- Optimal dosing also remains to be established but most studies have used 1.8 g of eicosapentaenoic acid (EPA) and 1.2 g of docosahexaenoic acid (DHA) daily (~12 g of fish oil per day) for at least 2 years. (Level III evidence – one small study, weak effect)
- Ongoing therapy *ad infinitum* may provide greater benefits than intermittent therapy. In the Mayo study patients who continued taking fish oil were less likely to reach end-stage kidney disease (ESKD) or increase their creatinine by 50% than those who had discontinued fish oil treatment. (Level III evidence – one small study, weak effect)
- No data have been published on the utility of fish oil supplements in children.

Definitions:

Levels of Evidence

Level I: Evidence obtained from a systematic review of all relevant randomized controlled trials (RCTs)

Level II: Evidence obtained from at least one properly designed RCT

Level III: Evidence obtained from well-designed pseudo-randomized controlled trials (alternate allocation or some other method); comparative studies with concurrent controls and allocation not randomized, cohort studies, case-control studies, interrupted time series with a control group; comparative studies with historical control, two or more single arm studies, interrupted time series without a parallel control group

Level IV: Evidence obtained from case series, either post-test or pretest/post-test

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is identified and graded for each recommendation (see "Major Recommendations").

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Appropriate management of adults with immunoglobulin A (IgA) nephropathy

POTENTIAL HARMS

Not stated

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Thomas M. Specific management of IgA nephropathy: role of fish oil. Nephrology 2006 Apr;11(S1):S137-40.

Thomas M. Specific management of IgA nephropathy: role of fish oil. Westmead NSW (Australia): CARI - Caring for Australasians with Renal Impairment; 2005 Sep. 8 p. [10 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2006 Apr

GUIDELINE DEVELOPER(S)

Caring for Australasians with Renal Impairment - Disease Specific Society

SOURCE(S) OF FUNDING

Industry-sponsored funding administered through Kidney Health Australia

GUIDELINE COMMITTEE

Not stated

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Author: Merlin Thomas

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

All guideline writers are required to fill out a declaration of conflict of interest.

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the [Caring for Australasians with Renal Impairment Web site](#).

Print copies: Available from Caring for Australasians with Renal Impairment, Locked Bag 4001, Centre for Kidney Research, Westmead NSW, Australia 2145

AVAILABILITY OF COMPANION DOCUMENTS

The following is available:

- The CARI guidelines. A guide for writers. Caring for Australasians with Renal Impairment. 2009 Aug. 6 p.

Electronic copies: Available from the [Caring for Australasians with Renal Impairment \(CARI\) Web site](#).

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI Institute on May 14, 2008.

COPYRIGHT STATEMENT

This NGC summary is based on the original guideline, which is subject to the guideline developer's copyright restrictions.

DISCLAIMER

NGC DISCLAIMER

The National Guideline Clearinghouse™ (NGC) does not develop, produce, approve, or endorse the guidelines represented on this site.

All guidelines summarized by NGC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public or private organizations, other government agencies, health care organizations or plans, and similar entities.

Guidelines represented on the NGC Web site are submitted by guideline developers, and are screened solely to determine that they meet the NGC Inclusion Criteria which may be found at <http://www.guideline.gov/about/inclusion.aspx>.

NGC, AHRQ, and its contractor ECRI Institute make no warranties concerning the content or clinical efficacy or effectiveness of the clinical practice guidelines and related materials represented on this site. Moreover, the views and opinions of developers or authors of guidelines represented on this site do not necessarily state or reflect those of NGC, AHRQ, or its contractor ECRI Institute, and inclusion or hosting of guidelines in NGC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding guideline content are directed to contact the guideline developer.

[Copyright/Permission Requests](#)

Date Modified: 1/18/2010

